

Form - IV
(See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier (occupier or operator of facility)		
	(i) Name of the authorised person		Dr. Khyamanidhi Sethy, Superintendent
	(ii) Name of HCF or CBMWTF	:	Maa Kanak Durga Enterprises
	(iii) Address for Correspondence	:	At:- CHC Nimapara , Puri- 752106
	(iv) Address of Facility		At:- CHC Nimapara
	(v) Tel. No, Fax. No	:	9439994000
	(vi) E-mail ID	:	ahnimapara@gmail.com
	(vii) URL of Website		Chcnimapara.in
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:13818/SPCB (Valid up to 31.03.2023)
		:	

	(xi). Status of Consents under Water Act and Air Act		Applied on Dt.12/12/2019 Vide Receipt No.290395612			
2.	Type of Health Care Facility	:				
	(i) Bedded Hospital	:	No. Of Beds:-40			
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:				
	(iii) License number and its date of expiry					
3.	Details of CBMWTF	:				
	(i) Number healthcare facilities covered by CBMWTF	:				
	(ii) No of beds covered by CBMWTF	:	40			
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding: 5px;"> 1359 Kgs 448 Yellow Category: gms </td> </tr> <tr> <td style="text-align: right; padding: 5px;"> Red Category :1171 kgs 200 gms </td> </tr> <tr> <td style="text-align: right; padding: 5px;"> White: 54 Kgs 900gms </td> </tr> </table>	1359 Kgs 448 Yellow Category: gms	Red Category :1171 kgs 200 gms	White: 54 Kgs 900gms
1359 Kgs 448 Yellow Category: gms						
Red Category :1171 kgs 200 gms						
White: 54 Kgs 900gms						

		Blue Category : 1185 KGS015 gms
		General Solid waste:180000KGS
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
(i) Details of the on-site storage facility	Size : 4FX8F	
	Capacity :50KGS	
	Provision of on-site storage : (cold storage or any other provision)- Normal Storage Room not easy to access Public and Animals	

disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators			
	Plasma Pyrolysis			
	Autoclaves			
	Microwave			
	Hydroclave			
	Shredder			
	Needle tip cutter or Destroyer Sharps	10	150 GM	54KG 900gm
	encapsulation or concrete pit	2		
	Deep burial pits:	3		
	Chemical disinfection:	2		
	Any other treatment equipment:		5KG	295KG
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)			2356 KGS 800gms

(iv) No of vehicles used for collection and transportation of biomedical waste	:	Weekly 3days	
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity generated		Where disposed
	Incineration Ash		
	ETP Sludge		

(vi) Name of the Common Bio- :
Medical Waste Treatment Facility
Operator through which wastes are
disposed of- Not Available

(vii) List of member HCF not
handed over bio-medical waste.-0

- 6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period- Yes,
- 7 Details trainings conducted on BMW

(i) Number of trainings conducted on BMW Management.-5

(ii) number of personnel trained	50
(iii) number of personnel trained at the time of induction	50
(iv) number of personnel not undergone any training so far	NIL
(v) whether standard manual for Training is available?	AVAILABLE
(vi) any other information)	
8 Details of the accident occurred during the year	NO
(i) Number of Accidents occurred	NO

	(ii) Number of the persons affected	NO
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	NO
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NOT AVAILABLE
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?	Yes
11	Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have not met the standards in a year?	NO
12	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator)

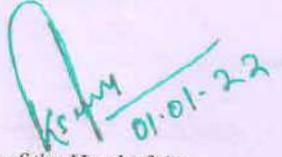
Certified that the above report is for the period from

01.01.2021 to 31.12.2021

Date:-01/01/2022

Place:-Nimapara CHC

Name and Signature of the Head of the Institution


Superintendent
Nimapara C.H.C.
Dist.-Puri